

**State of California Department of Insurance Admitted Company
Data Extract Order Form**

LIC DE 1 (Rev 05/2011)

Producer Licensing Bureau
P.O. Box 1139
Sacramento CA 95812-1139
(800) 967-9331 or (916) 322-3555

Customer Name: _____ Order date: _____

Customer Company: _____

Customer E-mail Address: _____ Telephone number (____) _____

Mailing Address: _____

Selection: Please check only one sort order per company type.

Company Type	Sort Order – Alphabetical*	Sort Order – Zip**	Price
All Admitted Companies	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Automobile Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Workers' Compensation Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Life Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Property & Casualty Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Total order amount			\$
Sales Tax ***			\$
Total due to California Department of Insurance			\$

*Alpha will sort the data by company name

**ZIP will sort the data by zip codes

*** **California** residents must add your cities sales tax. Here is a link for California sales tax:<http://www.boe.ca.gov/cgi-bin/rates.cgi>

Send this completed form with your check to Attn: Paul Higdon, California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814. For additional information, call (916) 492-3063 which is a voice mail box, or e-mail the Producer Mailing List Technician at listings@insurance.ca.gov

Complete payment must be enclosed or order will not be processed.